



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

BALLOT QUESTION COMMITTEE  
COVER PAGE

05 JAN 30 PM 12:01

CARMELLA SABAUGH  
HACON COUNTY CLERK  
HACON COUNTY, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

This Statement covers From: 11 9 04 To 12 31 05  
Mo Day Year Mo Day Year

1. Committee I.D. Number

137553

2. Committee Name

Excellence in Education

4. Committee's Mailing Address

26017 Ronald

Roseville, MI 48066

586-777-5205

Area Code and Phone ( )

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Carmel Hart

26017 Ronald

Roseville, MI 48066

Area Code and Phone (586 777-5205)

6. Treasurer's Business Address

Area Code and Phone ( )

7. Designated Record Keeper's Name and Mailing Address  
(If the committee has a Designated Record Keeper)

Area Code and Phone ( )

8. TYPE OF STATEMENT:

8a. PRE-ELECTION

OR

8b. ☒ POST-ELECTION

Pre-Election or Post-Election Statement relates to:

PRIMARY

GENERAL

☒ SCHOOL

SPECIAL

Date of Election:

Month 12 Day 6 Year 04

8c. ANNUAL STATEMENT  
(\_\_\_\_ Coverage Year)

2004/05

8d. QUALIFICATION

OR

NON-QUALIFICATION  
STATEMENT (Required of  
State-wide Ballot Question  
Committees Only)

Date of Qualification or Non-  
Qualification:

Month Day Year

8e. AMENDMENT TO CAMPAIGN  
STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to  
indicate which Statement is being amended)

8f. DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

Month Day Year

By checking this item, I certify that the  
committee has no assets or outstanding debts,  
including late filing fees. Note: The disposition  
of residual funds must be reported on Schedule  
4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.

If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Record Keeper Carmel S. Hart

Type or Print Name

Signature

Date 1 12 05  
Month Day Year



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**SUMMARY PAGE**  
**BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

RECEIPTS		Column I This Period	Column II Cumulative for Election Cycle
3. Contributions			
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$	<u>4,985.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$	<u>4,985.00</u>	(20.) \$
<b>IN-KIND CONTRIBUTIONS</b>			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$		
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$		(21.) \$
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$	<u>4,471.05</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$		
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$		
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$		
e. Subtotal of Expenditures	(8e.) \$		(22.) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$		(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	<u>4,471.05</u>	(24.) \$
<b>IN-KIND EXPENDITURES</b>			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$		(25.) \$
<b>DEBTS AND OBLIGATIONS</b>			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 4E)	(12a.) \$		
b. Owed to the Committee (Schedule 4E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>-0-</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	<u>4,985.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>4,985.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	<u>4,471.05</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>513.95</u>	*

\*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Education in Excellence

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Roseville Principal Association</u> Address: <u>17855 Common Rd Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200.00	
3. Contribution # 2	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Miglio, Barbara and Nick</u> Address: <u>26729 Kaiser Rosville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		15.00	
3. Contribution # 3	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Young, Loretta</u> Address: <u>35728 Devereaux Clinton Twp MI 48035</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 4	4. Date of Receipt <u>12/6/04</u>		
Name: <u>Pin Sales - District Wide (220 at 5 each)</u> Address: <u>Administration Bldg 18975 Church Street Roseville MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		1,100.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		1,365.00	

Enter this total  
on line 3a of  
Summary  
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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Roseville Federation of School Administrators</u> Address: <u>18975 Church Street</u> <u>Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200.00	
3. Contribution # 2	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Karen McGuire</u> Address: <u>11183 Bay Shore Court</u> <u>Clarkston, MI 48348</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 3	4. Date of Receipt <u>11/26/04</u>		
Name: <u>Fire Extinguisher Sales and Service</u> Address: <u>31551 Groesbeck</u> <u>Fraser, MI 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 4	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Wangrud, Ronald</u> Address: <u>53552 Oakview</u> <u>Shelby Twp, MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	
Page Subtotal)		400.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)			

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Greve, Ronald</u> Address: <u>48745 Valley Forge Macomb, MI 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Dinning and Greve</u> Business Address <u>25509 Kelly Rd Roseville MI 48066</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>11/29/04</u>	250.00	
3. Contribution # 2 Name: <u>Dinning, Douglas</u> Address: <u>3770 Lake Forest Drive Sterling Heights MI 48314</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Dinning and Greve</u> Business Address <u>25509 Kelly Rd Roseville, MI 48066</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>11/29/04</u>	250.00	
3. Contribution # 3 Name: <u>Steenland, Joseph</u> Address: <u>31490 Kelly Rd Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>11/29/04</u>	50.00	
3. Contribution # 4 Name: <u>PTO Kaiser Elementary, Rosville Community Schools</u> Address: <u>16700 Wildwood Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>12/3/04</u>	250.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		800.00	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>11/24/04</u>		
Name: <u>Comerica Bank (3354)</u> Address: <u>P.O. Box 75000 Detroit, MI 48275</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	
3. Contribution # 2	4. Date of Receipt <u>12/7/04</u>		
Name: <u>Roseville Federation on Teachers Local 1071</u> Address: <u>17063 East 10 Mile Rd Eastpointe, MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		1,000.00	
3. Contribution # 3	4. Date of Receipt <u>12/7/04</u>		
Name: <u>Kepler, Irene</u> Address: <u>27344 Leroy Street Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Social Worker</u> Employer <u>Roseville Community Schools</u> Business Address <u>18975 Church Street Roseville, MI 48066</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		150.00	
3. Contribution # 4	4. Date of Receipt <u>12/9/04</u>		
Name: <u>DeFelice, Lisa</u> Address: <u>15437 Curtis Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		70.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		1,320.00	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>12/9/04</u>		
Name: <u>JEJ Michigan Inc.</u> Address: <u>P.O. Box 680 Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		500.00	
3. Contribution # 2	4. Date of Receipt <u>12/9/04</u>		
Name: <u>Claseman, Judy</u> Address: <u>21717 Lakeshire St. Clair Shores, MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 3	4. Date of Receipt <u>12/20/04</u>		
Name: <u>PTO Dort Elementary - Roseville Community Schools</u> Address: <u>16225 Dort, Roseville MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	
3. Contribution # 4	4. Date of Receipt <u>12/29/04</u>		
Name: <u>PTO RJHS - Roseville Community Schools</u> Address: <u>16250 Martin Rd. Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		650.00	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>12/20/04</u>		
Name: <u>Pin Sale - Roseville Junior High (50 at 5 each)</u> Address: <u>16250 Martin Rd Roseville, MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		250.00	
3. Contribution # 2	4. Date of Receipt <u>2/23/05</u>		
Name: <u>RHS - Booster Club</u> Address: <u>17855 Common Rd. Roseville MI 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200.00	
3. Contribution # 3	4. Date of Receipt _____		
Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	4. Date of Receipt _____		
Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal)		450.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		4,985 .00	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS  
SCHEDULE 4A-1  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553  
2. Committee Name Excellence in Education

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name:  Address:	Date of Receipt _____  Fund Raiser	Loan from a Lending Institution Interest Refund\Rebate Other (Specify) _____	
Receipt #2 Name:  Address:	Date of Receipt _____  Fund Raiser	Loan from a Lending Institution Interest Refund\Rebate Other (Specify) _____	
Receipt #3 Name:  Address:	Date of Receipt _____  Fund Raiser	Loan from a Lending Institution Interest Refund\Rebate Other (Specify) _____	
Receipt #4 Name:  Address:	Date of Receipt _____  Fund Raiser	Loan from a Lending Institution Interest Refund\Rebate Other (Specify) _____	
Receipt #5 Name:  Address:	Date of Receipt _____  Fund Raiser	Loan from a Lending Institution Interest Refund\Rebate Other (Specify) _____	
Receipt #6 Name:  Address:	Date of Receipt _____  Fund Raiser	Loan from a Lending Institution Interest Refund\Rebate Other (Specify) _____	
Page Subtotal			
Grand Total of All Schedules 4A -1 (Complete on last page of Schedule)			-0-



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 4-IK  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553  
2. Committee Name Excellence in Education

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name and Address:  If over \$100.00 cumulative, please provide: Occupation Employer Business Address  Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned      Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - <b>LOAN</b> Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		
Contribution #2 Name and Address:  If over \$100.00 cumulative, please provide: Occupation Employer Business Address  Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned      Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - <b>LOAN</b> Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		
Contribution #3 Name and Address:  If over \$100.00 cumulative, please provide: Occupation Employer Business Address  Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned      Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - <b>LOAN</b> Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		

Page Subtotal  
Grand Total of all Schedules 4-IK  
(Complete on last page of Schedule)

-0-

Enter this total on  
line 6a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553  
2. Committee Name Excellence in Education

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: Rebecca Vasil c/o Roseville Community Schools Address: 18975 Church Street Roseville, MI 48066 Check box if expenditure is payment of debt or obligation reported on previous statement Fund Raiser	4. Purpose: <u>reimbursement for:</u> <u>postage, Rec Center rental,</u> <u>pins, refreshments</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Local	12/28/04	3,121.08	
Expenditure # 2 Name: Rebecca Vasil (see above) Address: Check box if expenditure is payment of debt or obligation reported on previous statement Fund Raiser	4. Purpose: <u>reimbursement for:</u> <u>refreshments and</u> <u>Rec Center rental</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Local	1/18/05	135.00	3,256.08
Expenditure # 3 Name: Lynn Hutchison Address: (see above) Check box if expenditure is payment of debt or obligation reported on previous statement Fund Raiser	4. Purpose: <u>reimbursement for:</u> <u>postage and printing</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Local	12/28/04	965.38	
Expenditure # 4 Name: Rebecca Vasil Address: (see above) Check box if expenditure is payment of debt or obligation reported on previous statement Fund Raiser	4. Purpose: <u>reimbursement for:</u> <u>Rec Center Rental</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Local	11/9/05	60.00	3,316.08

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Grand Total of Schedules 4B  
(Complete on last page of Schedule)

4,281.46

Enter this total  
on Line 8a of  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553

2. Committee Name Excellence in Education

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name : Postmaster of Roseville Address: 30550 Gratiot Roseville, MI 48066  Check box if expenditure is payment of debt or obligation reported on previous statement  Fund Raiser	4. Purpose: <u>Permit Fee Bulk Mail</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Local	11-15-05	150.00	
Expenditure # 2 Name : Lynn Hutchison Address: c/o Roseville Community Schools 18975 Church Street Roseville, MI 48066 Check box if expenditure is payment of debt or obligation reported on previous statement  Fund Raiser	4. Purpose: <u>reimbursement for:</u> <u>refreshments</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Local	11-15-05	39.59	1,004.97
Expenditure # 3 Name :  Address:  Check box if expenditure is payment of debt or obligation reported on previous statement  Fund Raiser	4. Purpose:  5. Ballot Proposal:  County: _____ Support Oppose Statewide Local			
Expenditure # 4 Name :  Address:  Check box if expenditure is payment of debt or obligation reported on previous statement  Fund Raiser	4. Purpose:  5. Ballot Proposal:  County: _____ Support Oppose Statewide Local			

Subtotal this page  
Grand Total of Schedules 4B  
(Complete on last page of Schedule)

189.59

4,471.05

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on Line 8a of  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED INDEPENDENT EXPENDITURES  
SCHEDULE 4B-1  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553  
2. Committee Name Excellence in Education

Complete this form to report Independent Expenditures made for or against a ballot issue. Do not use this schedule to report direct expenditures to Ballot Question Committees, or the provision of in-kind goods or services to Ballot Question Committees.

3. Name and address of person or vendor paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code.) 5. Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election
Expenditure #1 Name:  Address:  Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: _____ 5. _____ Ballot Proposal County _____ Support Oppose Statewide Local			
Expenditure #2 Name:  Address:  Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: _____ 5. _____ Ballot Proposal County _____ Support Oppose Statewide Local			
Expenditure #3 Name:  Address:  Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: _____ 5. _____ Ballot Proposal County _____ Support Oppose Statewide Local			
Expenditure #4 Name:  Address:  Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: _____ 5. _____ Ballot Proposal County _____ Support Oppose Statewide Local			

Subtotal this page  
Grand Total of all Schedules 4B-1  
(Complete on last page of Schedule

<u>0</u>

Enter total  
on line 9 of  
Summary Pg.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES  
SCHEDULE 4B-2  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137553

2. Committee Name Excellence in Education

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or service)	9. Cumulative for Election (Through date in Item 5)
Expenditure #1 Name: Address: Ballot Proposal: _____ <input type="checkbox"/> Statewide <input type="checkbox"/> Local County _____	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - <b>LOAN</b> Description _____ 5. <b>DATE OF EXPENDITURE:</b> _____ 6. <b>VENDOR NAME &amp; ADDRESS:</b> _____			
Expenditure #2 Name: Address: Ballot Proposal: _____ <input type="checkbox"/> Statewide <input type="checkbox"/> Local County _____	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - <b>LOAN</b> Description _____ 5. <b>DATE OF EXPENDITURE:</b> _____ 6. <b>VENDOR NAME &amp; ADDRESS:</b> _____			
Expenditure #3 Name: Address: Ballot Proposal: _____ <input type="checkbox"/> Statewide <input type="checkbox"/> Local County _____	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - <b>LOAN</b> Description _____ 5. <b>DATE OF EXPENDITURE:</b> _____ 6. <b>VENDOR NAME &amp; ADDRESS:</b> _____			

Subtotal this Page

Grand Total of all Schedules 4B-2  
(Complete on last page of Schedule)

-0-	-0-
Enter this total on line 8c of the Summary Page	Enter this total on line 11 of the Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES**  
**SCHEDULE 4 B - G**  
**BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 137553  
2. Committee Name Excellence in Education

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f. **ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.**

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
<p>Expenditure #1 Name &amp; Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> <p>Statewide Proposal Name _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Ballot Proposal \$ _____</p> <p>Local Proposal Name _____ Indicate County _____</p>		\$ _____
<p>Expenditure #2 Name &amp; Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> <p>Statewide Proposal Name _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Ballot Proposal \$ _____</p> <p>Local Proposal Name _____ Indicate County _____</p>		\$ _____
<p>Expenditure #3 Name &amp; Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> <p>Statewide Proposal Name _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Ballot Proposal \$ _____</p> <p>Local Proposal Name _____ Indicate County _____</p>		\$ _____
Subtotal this page			
Grand Total of all Schedules 4B-G (Complete on last page of Schedule)			



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS  
SCHEDULE 4E  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

(Check either a or b. Use only for the purpose checked.)

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee

OR

b. ☐ Debts and obligations owed to or forgiven by the committee.

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  If debt is a bank loan, please provide information regarding the endorser or guarantor, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by:    	4. Type: _____  5. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</u> \$ _____	____ / ____ / ____ \$ ____ / ____ / ____ \$ ____ / ____ / ____ \$ ____ / ____ / ____ \$ ____ / ____ / ____ \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by:    	4. Type: _____  5. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</u> \$ _____	____ / ____ / ____ \$ ____ / ____ / ____ \$ ____ / ____ / ____ \$ ____ / ____ / ____ \$ ____ / ____ / ____ \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by:    	4. Type: _____  5. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</u> \$ _____	____ / ____ / ____ \$ ____ / ____ / ____ \$ ____ / ____ / ____ \$ ____ / ____ / ____ \$ ____ / ____ / ____ \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt

Grand Total of all Schedules 4E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

-0-

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER  
SCHEDULE 4F  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 137553  
2. Committee Name Excellence in Education

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  Month      Day      Year	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held  <input type="checkbox"/> Private Residence
--	--	----------------------------------	---

7. Total Contributions \$ \_\_\_\_\_

8. Other Receipts \$ \_\_\_\_\_

9. Gross Receipts \$ \_\_\_\_\_  
(Add lines 7 and 8)

10. Total Cost of Event \$ \_\_\_\_\_ \*Includes In-Kind Contributions and All  
Expenditures Made For the Event

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-IK), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fundraiser must file a Fund Raiser Schedule for the event.